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ABSTRACT

Project Return, a dropout recovery program to assist pregnant and parenting teenagers and parents of elementary school children to return to school, was first implemented in 1989-90. By 1991-92, there were two components of Project Return: its community education initiative in seven elementary schools, and the Babygram Hospital Outreach Program for pregnant and parenting teens, operated in eight health facilities in New York City. Both components used a case management approach in which an educational case manager assigned to each site recruited and counseled participants and made social service and educational referrals. At Project Return sites case managers were teachers, while family assistants were case managers at Babygram sites. Evaluators from the New York City Board of Education's Office of Educational Research (ORE) collected data from on-site observations, interviews with school principals and Babygram facility social workers, project personnel, and participants, and quantitative data on 1,089 participants from the project's files. Case managers in both components were successful in recruiting and placing participants. Case managers placed 70% of Return school clients and 52% of Babygram clients in educational settings. At all sites, case managers found that client followup was difficult and outcome data hard to obtain. Recommendations are made for program improvement. (Contains 11 tables.) (SLD)

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ED 405 427

PROJECT RETURN:
COMMUNITY EDUCATION INITIATIVE
AND BABYGRAM HOSPITAL OUTREACH

1991-92

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7/1/92

EXECUTIVE SUMMARY

Project Return, 1991-92, was an expansion of a pilot program begun in September 1989. In 1991-92, Project Return consisted of two components. The Community Education Initiative program operated in seven elementary schools in three boroughs and targeted elementary school parents who had not completed their education. The Babygram Hospital Outreach Program operated in eight health facilities in four boroughs and targeted teens who had dropped out of school or were at risk of dropping out because of pregnancy or parenting responsibilities. Three of the Community Education Initiative sites (hereafter called Return schools) and four of the Babygram sites were not fully operative until March 1992. The remaining sites had been in the program since its inception in 1989. Both components of Project Return utilized a case management approach, allocating an educational case manager to each site. The educational case manager recruited and counseled participants and made social service and educational referrals. Case managers at the Return schools were teachers, while case managers at the Babygram Outreach sites were family assistants.

OREA evaluators collected data from on-site observations; interviews with Return school principals, Babygram facility social workers, Project Return personnel and participants; a review of case managers' individual files; and quantitative data supplied by the Project Director's office.

The parents in the Return schools' program were primarily female and between the ages of 22 and 35. Most had completed eleventh grade or less, although almost one-third had graduated from high school. More than half of the parents with young children used school-based daycare for their children. The teens in the Babygram program were also female, with an average age of 16.5. Most of the teens had dropped out of school before they became pregnant and on the average, those who had dropped out had completed ninth grade.

The case managers at both the Return schools and the Babygram outreach sites were successful in recruiting participants and placing them in educational settings. Data supplied by the Project Director's office indicated that the Return school case managers recruited an average of six to 23 clients each month and the Babygram case managers recruited an average of 18 to 64 clients each month. Review of a sample of Return school case managers' files indicated that case managers placed 70 percent of the Return school clients in an educational setting during the program year, and that 71 percent of the clients for whom outcome data were available either received a diploma or certificate, were promoted, or maintained satisfactory progress, thus meeting one of the goals of the program. A

similar review of a sample of Babygram case managers' files indicated that case managers placed 52 percent of the Babygram clients in an educational setting during the program year, and that over one-third of those for whom outcome data were available either received a diploma or certificate, were promoted, or maintained satisfactory progress.

Case managers at both the Return schools and the Babygram outreach sites reported that clients' need for many services (including income maintenance, housing, daycare, and legal aid) and lack of services (particularly daycare) were obstacles to successful referral and placement in an educational setting. Case managers often found it necessary to make referrals for social service needs and daycare before or in addition to focusing on educational needs. Return school case managers made an average of two social service referrals for each client. Babygram case managers made somewhat fewer social service referrals because many of their clients had also been assigned to a hospital social worker, who took care of some of their needs.

Case managers at all sites found that client follow-up was problematic, impeding the monitoring of clients. Some clients gave incorrect addresses or phone numbers, and others moved frequently. In the sample of data collected from case managers' files, outcome data were available for only 57 percent of the sample of Return school parents and 30 percent of the sample of Babygram teens.

Based on the findings of this evaluation, OREA recommends the following:

- Project Return should plan for more aggressive follow-up of clients to facilitate both evaluation and continuing service. For example, initially, clients could be asked to supply the names of several relatives or significant others; subsequently, clients could be offered incentives to maintain contact with the program.

- Project Return should try to increase the numbers of on-site educational programs, including G.E.D./ABE and daycare in Return schools and counseling/parenting workshops at Babygram sites.

- Project Return should maintain its successful focus on placing clients in educational settings, but at the same time expand access to vocational/occupational programs or higher education programs exploring sources of financial aid to help clients meet both educational and financial needs.

- Project Return should consider offering services to boyfriends and mothers of Babygram participants, since these people are often important influences in the teen mother's life, as well as important sources of childcare.

- Project Return should expand its program of formal training for Babygram case managers to enable them to meet the many and complex needs of their clients.

- Project Return is a multi-faceted program. In future years, Project Return should make an effort to determine which elements of the program are particularly effective or important to the teens and parents.

ACKNOWLEDGEMENTS

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TABLE OF CONTENTS

	Page
EXECUTIVE SUMMARY	i
I. INTRODUCTION	1
Background	1
Program Components	2
Objectives of the Study	3
Evaluation Methodology	4
Scope of this Report	6
II. PROGRAM DESCRIPTION	7
Sites	7
Staff	9
Program Participants	12
Recruitment	17
Educational Referrals	18
Program Activities	28
III. OUTCOMES	31
Educational Placements	31
Daycare Referrals and Placements	40
Perceptions of the Program	41
IV. CONCLUSIONS AND RECOMMENDATIONS	50

I. INTRODUCTION

BACKGROUND

In 1989, as a result of recommendations set forth by the Chancellor's Working Group on Educational Opportunities for Pregnant and Parenting Adolescents,* Project Return was implemented to assist pregnant/parenting teenagers and parents of elementary school children to return to and complete their education. Under the administration of the Program for Pregnant and Parenting Services, Alternative High Schools and Programs, Project Return was first implemented in eight sites in New York City. Beginning in September 1991, with funding provided by the U.S. Department of Education, School Dropout Demonstration Assistance program, Project Return expanded to an additional seven sites.

It is estimated that in New York City in 1989 there were 14,088 births to adolescent teens (5,542 to 10- to 17-year-olds, 8,546 to 18- and 19-year-olds).** Moreover, the majority of young mothers who are 18 to 19 years old have not completed high school, and many mothers of all ages are below grade level and at risk of dropping out of school. Without intervention, these students might experience curtailed education and limited future

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*Chancellor's Working Group on Educational Opportunities for Pregnant and Parenting Adolescents, Helping Pregnant and Parenting Students Complete High School in New York City (New York: Board of Education, Office of Alternative High Schools and Special Programs, June 1989). The Working Group comprised public agency officials, service providers, advocates, educators, and students, and was convened by the Chancellor on October 11, 1988.

**1991 Fact Sheet, Child Trends, Washington, D.C.: 1992.

employment options. Since its inception in 1989, Project Return, a dropout recovery program, has targeted pregnant/parenting teenagers and elementary school parents who have not completed their education, and provided them with assistance and support to re-enter or enroll in educational settings.

PROGRAM COMPONENTS

In 1991-92, based on the original design model, Project Return consisted of two components: the Community Education Initiative, which operated in seven elementary schools* and targeted elementary school parents of all ages who had not completed their education, and the Babygram Hospital Outreach program which operated in eight health facilities in New York City and targeted teenagers who had dropped out of school or were at risk of dropping out because of pregnancy or parenting responsibilities. Both components of Project Return utilized a case management approach, allocating an educational case manager to each site who recruited and counseled participants, coordinated educational alternatives, made educational referrals and placements, and tracked program participants. Project Return had a full staff complement: a project director, a project coordinator, seven certified teachers (Return educational case managers) and eight family assistants (Babygram educational case managers).

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*All Project Return (Community Education Initiative and Babygram Hospital Outreach) sites are identified in Chapter II.

The Program for Pregnant and Parenting Services requested that the Office of Research, Evaluation, and Assessment (OREA) examine program implementation and selected outcomes. The evaluation encompassed the initial eight pilot sites (Project Return sites) and the seven expansion sites (Project Return Expansion sites).

OBJECTIVES OF THE STUDY

The main focus of this study was formative and was designed to document the range and scope of Project Return's activities and services during the first of three program years under the School Dropout Demonstration Assistance grant. Some of the issues examined in this study included the activities of educational case managers, program offerings, the integration of services within the hospital and school community, participant recruitment and tracking, the educational referral system, caseload size, participant needs and profiles, program strengths and weaknesses, and the challenges that hindered effective delivery of services. OREA evaluators also assessed Project Return's success in meeting the program's general goals and objectives, as specified below:

Community Education Initiative Program

- Case managers will provide documentation of an individualized education plan for each program participant based on an intake interview.
- Case managers will monitor participants' program participation and progress by maintaining service logs for all participants and making logs available for review.

- At least 50 percent of program participants will successfully complete the educational program for which they were registered as of June 30, 1992.

- Program participants will demonstrate increased knowledge related to parenting skills, parenting coping skills, and making constructive career and life decisions as a result of participating in program workshops and classes as of June 30, 1992.

- Case managers will document daycare service availability for infants and children of project participants.

- Case managers will form, convene, and maintain agendas of a school-based advisory committee by June 30, 1992.

Babygram Hospital Outreach Program

- Case managers will determine the number of adolescents served by the program in comparison to the number of patients registered in prenatal, postnatal and well-baby clinics as of June 30, 1992.

- Case managers will document all program activities, workshops, and attendance at these activities and workshops as of June 30, 1992.

- Project administrators will profile project participants at each site by August 31, 1992.

- Case managers will prepare a summary of teen clients in need of educational placements and/or daycare services and the outcomes of these placements and/or services by June 30, 1992.

- By the conclusion of the project period, case managers and project administrators will demonstrate efforts to network with municipal and community-based organizations.

- Project administrators will demonstrate completion of a staff development plan designed to prepare educational case managers to implement the educational component of the program. As part of this plan, project administrators will solicit perceptions and recommendations for program improvement by June 30, 1992.

EVALUATION METHODOLOGY

For this study, OREA investigators utilized data from a

variety of sources. In spring 1992, OREA staff collected qualitative and quantitative information through on-site observations of program activities and interviews with Project Return staff, hospital supervisors, and school principals. Interview questions focused on the types of Project Return activities that had occurred or were being planned, daily activities and responsibilities of educational case managers, typical procedures for and obstacles to referring program participants to educational settings, school and hospital contexts, and supervisory responsibilities. OREA staff also interviewed a non-random sample of 46 Project Return elementary school parents and 22 Babygram teen clients whose comments provided useful insights.

In addition, OREA evaluators obtained participant profile information such as age,* number of children and their ages, and educational background of a sample of Project Return elementary school parents and Babygram teen clients (N=1,089) through a review of case managers' individual files on participants during the evaluation period.** The project director's office supplied additional quantitative data in the form of aggregated monthly statistics on program activities (e.g., number of intakes, educational and social service referrals, placements, etc.). Finally, OREA utilized background information from the Project

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*For the purposes of this evaluation, all ages have been computed as of January 15, 1992.

**Sample sizes ranged from 20 to 100 percent of the participants at each site.

Return proposal and from monthly staff development meetings in examining the project. Throughout this evaluation, OREA has adhered to strict standards to protect the privacy of pregnant and parenting students.

SCOPE OF THIS REPORT

This report describes the range of Project Return activities planned and carried out at each of the Community Education Initiative and the Babygram Hospital Outreach program sites, as well as educational case management referral and placement processes, staff and participants' program perceptions, and selected outcomes. Chapter I presents a short description of the two Project Return components and describes the evaluation methodology used in the study. Chapter II offers an overview of Project Return sites, staff, participants, and program activities, including demographic data on program participants, and qualitative data on the case management recruitment and referral processes. Chapter III discusses the end-of-the year outcomes, which include educational placements and results, daycare referrals and placements, and program perceptions. Conclusions and recommendations are set forth in Chapter IV.

II. PROGRAM DESCRIPTION

SITES

The Community Education Initiative program took place at seven elementary schools referred to in this report as Return schools. All of the schools served children from pre-kindergarten or kindergarten through sixth grade. Three of the schools were in the Bronx (C.E.S. 2X, C.S. 50X, P.S. 21X), two in Manhattan (P.S. 126M, P.S. 200M), and two in Brooklyn (P.S. 25K, P.S. 332K). Three of the seven sites (P.S. 50X, P.S. 21X, P.S. 200M) were added to the program in 1991-92 and became fully operational by March 1992. The size of the schools ranged from 470 (P.S. 126M) to 1,147 students (P.S. 25K), and the poverty index* ranged from 74 percent (P.S. 21X) to 100 percent (P.S. 200M and P.S. 25K). Five of the seven schools (the exceptions being P.S. 21X and C.E.S. 2X, both in the Bronx) were New York State-funded community schools,** and provided programs open to all age groups in the community throughout the day and evening. For example, at P.S. 25K, community or government organizations provided a full-time social worker, dental services, and a full-time registered nurse. In these five schools, Project Return's

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*The poverty index refers to the criterion used to identify a Chapter 1 school. A public school was designated as a Chapter 1 school for the school year if its free lunch eligibility was equal to or greater than the citywide cutoff of 56.6 percent.

**New York State-funded community schools provide pre-kindergarten and full-day kindergarten classes and a wide range of social, health, educational, and recreational services on an extended school-day and school-year basis.

program for the parents was one of many programs under the umbrella of a community school coordinator and a community school committee.

In terms of services to parents in 1991-92, most of the Return schools (and all community schools) had pre-kindergarten programs, and all of the schools offered parent training. However, in 1991-92, only two of the schools (P.S. 25K, P.S. 126M) had daycare or LYFE* on site; only three offered programs to prepare students for the general educational development (G.E.D.) certificate (P.S. 126M, P.S. 25K, P.S. 21X); and two schools (P.S. 126M, P.S. 50X) offered classes in English as a Second Language (E.S.L.).

The Babygram Hospital Outreach program took place at eight hospitals. Three of the sites were in Manhattan (Bellevue, Mount Sinai, Columbia Presbyterian), one in the Bronx (Lincoln), two in Queens (Elmhurst, Queens Hospital Teenage Program at South Jamaica Multi-Service Center), and two in Brooklyn (Interfaith, Woodhull). Four of the sites (Bellevue, Columbia Presbyterian, Elmhurst, Interfaith)** had been added to the program in 1991-92. Most of the sites provided pre-natal, post-natal, and/or well-baby clinics. (Adolescent maternity patients at Woodhull Hospital

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*There are 29 LYFE (Living for the Young Family through Education) centers operating in New York City Board of Education sites which offer infant/toddler day-care facilities for children between the ages of two months to 2.9 years and their adolescent parents.

**Of the four new Babygram sites, Bellevue started up in early fall 1991, Columbia Presbyterian began operating in November, and Elmhurst and Interfaith became operational by March 1992.

received clinic care from Cumberland Medical Center a satellite clinic affiliated with Woodhull.) Typically, the educational case manager's office was located in or near clinics and the Office of Social Work.

STAFF

Return Schools

A case manager staffed each of the seven Return schools. All case managers had served in this position since Project Return began at their site. Thus, four of the case managers had served in their position for two to three years, and three others had served for approximately one-half year. The case managers were typically teachers chosen for their position because of their previous experience (three had been classroom teachers in the Return school) and their own interest in the work.

Each of the case managers was in a somewhat unique position, given the facilities, demographics, and "ethos" of her school. In general, each one had at least part of an office, plus a desk and a phone in her school, and also had access to xerox and fax machines and some supplies. They reported that they would have benefitted from an answering machine at every site, since much of their work involved phone calls to parents, educational sites, and social service providers. They also said that easier access to xerox machines and supplies would have saved time.

The case managers' primary goal was to recruit parents and assist them in enrolling in educational programs. In some cases, the case managers themselves provided direct educational

services, either by coordinating, teaching, or assisting in on-site E.S.L. and G.E.D. programs or by conducting workshops for parents on such topics as family science, discipline, and self-esteem in children. In addition to providing direct educational services to parents, case managers tended to establish themselves as parent advocates and carried out a number of supportive functions to help parents receive appropriate social services by intervening when necessary. Moreover, case managers attempted to involve parents in activities which would teach them self-advocacy skills such as seeking information and asking questions, utilizing management and organizational skills, and networking. At the same time, they carried out a variety of tasks related to their primary goal, including coordinating parenting programs, establishing liaisons with community-based organizations, making referrals to social service agencies and daycare sites, maintaining records on participants, and preparing monthly reports. As parent advocates in their schools, they served on school-based committees and met with parents' organizations, faculty, staff, and the principal on a regular basis, thus fulfilling the program objective that called for participation on a school advisory committee. Finally, the case managers met as a group with the project coordinator once a month to discuss their common concerns, as part of an on-going staff development plan.

Babygram Hospital Outreach

A case manager staffed each of the eight Babygram sites. Four of the case managers had served at their site for two to

two-and-one-half years; the other four began work in 1991-92. One of the current case managers was temporarily replacing a case manager on maternity leave. The case managers were typically high school graduates and were chosen for their positions on the basis of recommendations. Several of the case managers had attended a School for Pregnant and Parenting Teens.*

The case managers were part of a service-provider team at each of the hospitals. A member of the hospital staff, typically a social worker, provided direct supervision to the case manager and met with him or her on a weekly basis to discuss client referrals and client needs. In most cases, however, the case managers reported that Babygram program personnel, rather than the hospital, had provided the initial training for their position.

The case managers' primary goal was to recruit pregnant or parenting teens in order to place them in an educational setting. Accordingly, they visited hospital wards (at all sites except Bellevue, where this activity was restricted), visited hospital clinics (pre-natal and well-baby), and made referrals to daycare settings, social service agencies, and educational facilities with the aid of program resource manuals** and their own

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*There are five Schools for Pregnant and Parenting Teens (also called Family Centers) in New York City. They provide a regular school day for pregnant or parenting students in the fifth through twelfth grades.

**Resource manuals and guides used by case managers included: The High School Directory; Alternative School Directory; NYC Continuing Education Programs; New York State Educational and Vocational Training Directory; Literacy Volunteers of America Resource Manual.

individual list of contacts. In addition, most attended regular hospital staff meetings, met with hospital personnel, and attended a monthly meeting of all Babygram case managers with the project coordinator. Further, they maintained records of clients, established liaisons with community organizations, and counseled not only the young women, but their boyfriends and families where necessary.

PROGRAM PARTICIPANTS

OREA utilized case managers' records to collect demographic information on a sample of parents and teens served by Project Return. The sample included 329 parents in the seven Return schools and 760 teens in the eight Babygram hospitals. In addition, OREA staff interviewed a sample of parents and teens. The sample included 46 Return school parents and 22 Babygram teen participants.

Return School Parents

According to parent profile data obtained at each site, the majority of the parent participants (N=257, 87 percent) were female, and most (64 percent, N=148) were between 22 and 35 years old. Ten percent (N=24) were from 13 and 21 years, 22 percent were from 36 to 45 years old and four percent were 46 years of age or older.*

The demographic data indicated that the case managers were successful in meeting the goal of identifying parents who had not

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*The group of "older" participants comprised grandmothers, foster parents, and guardians.

completed high school. Fifty percent of the sample had completed tenth or eleventh grade, putting them relatively close to graduation, while 22 percent had completed only ninth grade or less. Interestingly, almost one-third (28 percent, N=67) of the parents in the sample had graduated from high school before entering Project Return, perhaps indicating either that they were entering Project Return for needs other than education, or that they were seeking help in attaining higher education.

The average Return school parent was living in a household with four members, and had one or two children (36 percent with one child and 34 percent with two). The majority of parents (56 percent) had at least one child enrolled in the Return school. Of the parents with children who attended the Return school, slightly over one-third (36 percent, N=78) had one child enrolled, and one-third (34 percent, N=73) had two children enrolled. A sizeable group of parents (30 percent, N=65) had three or more children attending the Return school.

The majority of mothers utilized a variety of daycare or childcare options. The most common daycare provision (52 percent) utilized by Return parents with young children was school-based, including pre-kindergarten programs, the LYFE program, or after-school care. Relatives (30 percent) were the second most common option, followed by neighborhood daycare (10 percent), paid babysitter (3 percent), husband or boyfriend (3 percent), or friend/neighbor (1 percent).

Approximately one-third of the parents in the sample (32 percent) were employed either full-time or part-time, indicating a potential need for programs in the evenings or on weekends.

Further profile data were obtained through interviews with 46 parents, based on availability. The sample size per school ranged from two at P.S. 332 to 14 at P.S. 25. In some cases, the parents were not fluent in English, and either an Asian interpreter aided the interviewer or an OREA staff member translated interview questions into Spanish as he conducted the interview.

The data resulting from these interviews revealed that this group of Return school parents was actively involved in their childrens' schools. Over three-fourths (N=35) of the parents indicated that they regularly or sometimes attended some type of school-based parent association meeting. Moreover, almost one-half of the parents (41 percent) were members of a school-based committee such as P.T.A., Parents Advisory Committee, School-Based Management, or a parent volunteer committee. In addition, most parents (60 percent) stated that they attended parent-teacher conferences concerning their children.

Babygram Teens

Demographic data from case manager records. OREA evaluators utilized information from a sample of case managers' records to compile an in-depth profile of 760 of the teen clients served by Babygram case managers. This activity met the program objective that a profile of Babygram participants at each site would be

created. Data obtained on 648* of those teens indicated that 13 percent were 12-14 years old, almost half (44 percent) of the teens were between the ages of 15 and 16, one-third (30 percent) were 17-18 years old and 13 percent were 19 years old and older. Overall, the majority (57 percent) were 12 to 16 years old. The average age was 16.5 years old.

The majority of teens (55 percent) indicated that they lived with their mother, while three percent indicated they lived with both parents. Ten percent resided with either their boyfriend or husband, and 18 percent lived with other relatives.

At the time of the case managers' intake, the majority of girls had dropped out of school (59 percent, N=345), 28 percent were enrolled in school, and 13 percent had either recently transferred schools or graduated. OREA evaluators determined that, on the average, the teens who had dropped out of school had completed no more than the ninth grade. A breakdown revealed that 24 percent (N=74) of the teens who had dropped out of school reached the eighth grade, 31 percent (N=95) completed ninth grade, 25 percent (N=77) finished tenth grade and 21 percent (N=237) completed eleventh grade.

Interview data. In addition, OREA evaluators utilized information obtained by interviewing a sample of teens (N=22) as determined by availability. Mount Sinai provided 13 of the interviewees, Lincoln three, South Jamaica two, Woodhull two,

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*As is the case throughout this report, OREA evaluators could only report findings based on the number of participants in the sample for whom information existed.

Columbia-Presbyterian one, Elmhurst one, and Bellevue and Interfaith none. The majority of the interviewed teens (86 percent, N=19) had completed either grade 9 or grade 10, and all were age 16 or above. Less than half of the teens (45 percent, N=10) had ever been employed; of these, typical positions included cashier, salesperson, or secretary/clerical worker. As one might expect, the younger teens were more likely than the older ones to be in school; e.g., one of the four 16-year-olds was not in school, six of the twelve 17-year-olds were not in school, while six of the 18- to 20-year-olds were not in school. In terms of parenting or pregnancy status, eight parenting teens were attending school, and six parenting and eight pregnant teens were not in school. The majority of pregnant/parenting teens (N=10) who had dropped out of school, had left prior to becoming pregnant, citing such reasons as domestic and emotional difficulties, lack of interest in school, or feeling tired from work. The remaining four of the pregnant/parenting teens who had dropped out of school, left during their pregnancy, indicating such reasons as being bed-ridden, feeling nervous and afraid in school, or experiencing pressure from parents and teachers to enroll in a G.E.D. program.

Several differences emerged between the groups of teen mothers who were in school and the pregnant/parenting teens who were out of school with respect to teen fathers or "prospective" fathers (i.e. soon-to-be fathers). Most of the teen mothers who were in school had little or no contact with the father of their

children. By contrast, most of the parenting or pregnant teens who had dropped out of school had some contact with the fathers of the children and described their relationships in positive terms. Almost all (seven out of eight) of the expectant teens lived with the "prospective" father and/or his parents, while none of the parenting teens lived with the father and/or his family. Not surprisingly, the parenting teens in school who had no contact with the father of the child received no support from him and relied on their own mothers for support, whereas the pregnant/parenting teens out of school who had contact with the father of their child received financial, material, or emotional support from him or his parents.

RECRUITMENT

Return Schools

Identification of parents in need of services was a crucial part of the case managers' tasks. The case managers reported that they recruited parents through word of mouth, posters, presentations, flyers, letters sent with children, and contacts with teachers and neighborhood agencies. The case managers differed in their views on the most effective recruitment techniques. For example, two case managers reported that most parents in their program were referred by classroom teachers, two other case managers indicated that the majority of their parents learned about Project Return through letters and posters and referred themselves, while still other case managers recruited most parents directly through school-based parent organizations.

Two of the case managers noted that reaching those who could benefit from their services was a problem for them.

Babygram Hospital Outreach

Identification of teens in need of educational referral was an essential element of the case managers' tasks. The case managers reported that they recruited teens through ward or bedside visits (except at Bellevue); pre-natal, post-natal or well-baby clinic visits; and publicity in community newspapers, outreach in hospital lobbies, and word of mouth. They also received referrals from social worker/supervisors or other sources. Five of the case managers found ward/bedside visits to be the most effective means of recruitment; the other three found that referrals from the social workers produced the greatest number of clients. A number of the case managers suggested that the program could increase and broaden its advertising, e.g., by developing a video that could be shown in hospital waiting rooms, or by placing advertisements on radio stations popular with teens. Several of the case managers also suggested (as had their supervisors) that the program be broadened to include the recruitment and referral of fathers.

EDUCATIONAL REFERRALS

Return Schools

During the intake interview, the case managers assessed each client's needs and goals and noted them on the intake form. This activity fulfilled the program goal that the case manager document an individualized education plan for each participant as

a result of an intake interview which recorded participants' individual educational interests and career goals. Return case managers also utilized the intake interview as an opportunity to set goals with an individual parent and prioritize his/her needs. Table 1 shows that the average number of intakes a month ranged from six (a new site) to 23.

Making referrals to meet the clients' needs was a complex process. A number of the parents were not yet able to go back to school because of multiple problems in their lives. Case managers explained that they must first deal with parents' health and social service issues before assisting them in their return to an educational setting. Accordingly, the case managers made referrals to social service agencies that could take care of clients' needs for daycare, income maintenance, counseling, medical care, family planning, legal aid, and housing. On average, case managers made two social service contacts (arranged for appointments, obtained information, etc.) for each Return parent. However, this may be an underestimation of clients' social service needs, since case managers also attempted to teach parents to advocate for themselves, with the result that parents often made their own social service contacts which are not represented in case managers' service logs. Nevertheless, as Table 2 illustrates, case managers referred over 300 parents for social service interventions. Issues around housing and the need for personal or family counseling represented the two most frequent types of referrals.

Table 1

Comparison of Mean Number of Monthly Intakes by Return Site, 1991-92

Site	Average Monthly Intakes[1]		Average for Year
	Fall 1991	Spring 1992	
P.S. 126M	21	14	18
C.E.S. 2X	18	12	15
P.S. 332K	19	27	23
P.S. 25K	17	26	22
P.S. 21K	--	6	6
C.S. 50K	--	13	13
P.S. 200M	--	12	12

[1] The mean number of monthly intakes is derived by averaging the number of new intakes for September through January (fall 1991) and February through June (spring 1992). Return sites at P.S. 21K, P.S. 200M, and C.S. 50K were not operational until March. Averages for these sites are based on March through June intakes.

- The mean number of new parent intakes each month ranged from 6 at P.S. 21K (a school not designated as a community school) to 23 at P.S. 332K.

Table 2

Number and Percent of Social Service Referrals to Return Parents, by Type

Type of Referral	Referrals N	Referrals %
Housing	119	32
Counseling (family and personal)	109[a]	30
Human Resources Administration	68	19
Medical	59	16
Rehabilitation (alcohol and drug)	12[b]	3
Total Referrals	367[c]	100

[a] This number includes 38 parents placed in counseling and 71 placed on waiting lists.

[b] This number includes four parents who received placement in a rehabilitation clinic.

[c] Parents could be referred for more than one type of social intervention.

- Overall, Return case managers made 367 social service referrals for parents during the program year.
- Sixty-two percent of all service interventions were for housing and counseling.

Furthermore, the case managers found that the clients had a variety of educational needs and goals. Some clients desired a high school diploma and typically were referred to a G.E.D. program, sometimes on site. Some clients needed English as a Second Language (E.S.L.) classes or Adult Basic Education (ABE) to prepare them for a high school setting. In other cases, clients desired vocational training or job placement. Still others had completed their high school education and wished to go on to college. Approximately one-half (N=25) of the interview sample said that they hoped to achieve an education beyond a high school diploma; however, they cited a number of obstacles, particularly financial problems (18 parents) and the need to be home to take of their child/children (17 parents).

Finally, many parents wanted to involve themselves in the on-site parenting skills programs, or in other on-site programs that provided both service to the school and development of organizational/administrative skills for the parents involved. In a number of the schools, the parents assisted the case manager by answering the phone. In one school, Project Return parents ran a toy lending library (Toybrary) for the other families in the school; in another school, Project Return parents coordinated a food cooperative program (Project Share) and formed a Parents' Advisory Group that traveled monthly to the central Board of Education. In other words, educating parents involved not only direct educational services, but also non-formal educational

efforts such as teaching parents to advocate on their own and others' behalf, to organize and so forth.

After completion of the initial intake and referral process, the case managers tracked the clients to assess the success of the referral. In schools with on-site educational programs for the parents, this was a relatively simple process. Similarly, in the case of parents with young children, the case manager was often able to talk to the parent when the parent arrived to pick up the child. In other cases, the case managers used phone calls and letters to the home to assess the client's progress or need for further referrals.

Babygram Hospital Outreach

During the intake interview, as in the Return schools, the Babygram case managers assessed the client's needs and goals and noted them on the intake form. Case managers provided the program office with monthly summaries of the number of ward and clinic intakes. Information on the number of case managers' intakes compared to overall numbers of patients registered in pre- and post-natal clinics, as put forth by the program objective, was not available.

Table 3 represents the average number of intakes each month. This number ranged from 18 (at a new site, not yet fully operative) to 64.

The Babygram clients were typically pregnant or very new parents and were not necessarily ready to return to school. In OREA's sample, the majority of teens (62 percent, N=325) were

Table 3

Comparison of Mean Number of Monthly Intakes by Hospital, 1991-92

Hospital	Mean Monthly Intakes		Average for Year
	Fall 1991	Spring 1992	
Bellevue	27	18	23
Columbia-Presbyterian	20	17	18
Elmhurst	--	13	13
Interfaith	--	24	24
Lincoln	41	35	38
Mount Sinai	47	37	42
South Jamaica	54	46	50
Woodhull	64	43	54

*The mean number of monthly intakes is derived by averaging the number of new intakes for September through January (fall 1991) and February through June (spring 1992). Babygram sites at Elmhurst Hospital and Interfaith Medical Center were not operational until spring.

- The mean number of monthly teen intakes ranged from 18 (a new site) to 64.

pregnant at the time of intake; the remainder (38 percent) were parenting. In addition, the clients were young and sometimes in life circumstances that made it difficult for them to attend school. For example, OREA staff discovered that 62 percent (N=168) of the teens in their sample had dropped out of school before becoming pregnant, and 38 percent (N=105) dropped out after becoming pregnant. That the majority of teens left school prior to becoming pregnant illustrates the difficult task case managers had in referring and enrolling teens in school or educational programs. The difficulty is compounded by not only having to address the pre-existing problems surrounding the teen before she dropped out, but needing to deal with the teen going back to school while she was pregnant or parenting.

The majority of the sample of teens interviewed by OREA noted that they had received a number of services such as prenatal and or/medical care for themselves and their babies, nutrition counseling, food stamps, WIC (also a food support program), personal counseling, housing assistance, and baby things (e.g., toys, clothes, etc.). Many of the interviewed teens expressed the need for family planning counseling, parenting classes, tutoring for schoolwork, and job/vocational training. Indeed, the most immediate need for many teens centered on securing employment or obtaining financial help through public assistance.

In general, the case managers made some referrals for problems in immigration, income maintenance, housing, mental

health, drug/substance abuse, physical health, and family planning. However, there was less need for the case managers to play this role than in the Return schools. In many of the Babygram sites, social workers took the primary responsibility for these referrals. Thus, the case managers' heaviest investment of time at the Babygram sites was in referrals to vocational/educational programs and daycare.

The immediate goal of most of the teens was to obtain a high school diploma, and hence they were often referred to the special schools for pregnant teens or to G.E.D. programs. The case managers used a variety of resource manuals and their own individual contacts in attempting to find a program to meet the needs of each individual teen. Babygram case managers effectively demonstrated efforts to network with municipal and community-based organizations, thus meeting this program goal. As shown in Table 4, over 1,500 teens requested assistance in referrals to educational programs. Referral to a P900 school* was the most common type of referral, followed by referrals to G.E.D./ABE (Adult Basic Education) programs. Some clients had completed a high school degree and needed help in applying for financial aid and admission to a college or job program.

The case managers attempted to maintain contact with clients who had been referred to educational settings, but sometimes found it difficult to contact girls who had moved or for whom

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*For the purposes of this report, Schools for Pregnant and Parenting Teens (Family Centers) are referred to as P900 schools.

Table 4

Number and Percent of Educational Referrals Made for Babygram Teens, by Program Type

Educational Program	Referrals for Teens N	Percent
P900 Schools	442	28
Alternative High Schools	218	14
High Schools	266	17
G.E.D./ABE Programs	438	28
Job Training	220	14
Total Teens	1,584	100

- Over one-half (56 percent) of all educational referrals for Babygram teens were to P900 schools and G.E.D. or ABE programs.

correct address information was not available. At all of the sites, the case managers were sometimes able to see girls when they came in for clinic appointments; in addition, they made phone calls to the girls' homes or sent letters to ask them to make an appointment or to remind them of deadlines for various programs. On occasion, they also called the school or program to verify that the client had indeed attended a scheduled appointment or had been placed on a program or school roll.

PROGRAM ACTIVITIES

Return Schools

The seven Return schools hosted a number of workshops and activities throughout 1991-92. Some of the activities, most notably ABE classes, G.E.D. classes, and E.S.L. classes, were directly related to Project Return's goal of returning the participants to an educational setting. Some of the activities, including a 10-week parenting program (STEP), a self-esteem workshop, and an age-appropriate-behavior workshop, were related to Project Return's goal of improving the participants' parenting skills. A third group of activities, including workshops on family math, family science, and becoming a school volunteer, focused on the program's goal of involving the participants in their children's education and hence maximizing the children's probability of success. A fourth group of activities, including dance/exercise classes, a ten-week nutrition course, a blood pressure screening, and workshops on nutrition, drug awareness, birth control, safe sex, Hepatitis B, T.B., and asthma, focussed

on improving or maintaining the physical health of the participants and/or their families.

As stipulated by program goals, the case managers maintained a log of participants' attendance at program activities. Based on that log, the case managers reported that the schools hosted a total of 87 workshops in the fall and 167 in the spring (when all of the sites were operative). A total of 861 parents attended the workshops in the fall, and 1,795 attended in the spring. In all, therefore, the schools hosted 258 workshops, which were attended by a total of 2,656 parents --an average of more than ten parents per workshop. Case managers typically conducted oral evaluations with participants following the workshops.

OREA evaluators attended four of the parenting workshops (topics: values, self-esteem, nutrition, discipline). The number of parents attending each workshop ranged from three to 26. The workshops were held in classrooms or Project Return rooms, and the atmosphere was warm and informal. Generally, refreshments were set out in one corner of the room; parents sat around a conference table or grouped their chairs in a circle. Toddlers played with toys or coloring books while their parents participated in the workshop or class. At one site (P.S. 126), a translator translated for Asian parents at a workshop that included a multicultural mix of black, Hispanic, Asian and white participants. At all of the workshops, the tone was supportive and non-judgmental. In response to the leader's questioning,

parents shared their child-rearing problems and discussed potential options.

Babygram Hospital Outreach

The original Project Return proposal called for the inclusion of the American Red Cross in Greater New York to provide on-site parenting skills instruction, a teen father outreach program, a grandparent outreach program and a pregnant/parenting teen mentoring program. Case managers' participation in referring and tracking Babygram clients in the American Red Cross-initiated activities would have fulfilled the program objective regarding documenting activities, workshops, and attendance of Babygram teens. However, the Red Cross no longer serves hospitals, case managers were therefore, unable to meet this objective.

At several Babygram sites, program teens participated in on-going parenting groups run by hospital staff (e.g., Teens and Tots at Woodhull; and Mothers of Mount Sinai at Mount Sinai). Case managers at these sites often attended these meetings and assisted group leaders. During program year 1992-93, staff from Bank Street College will train Babygram case managers in parenting skills and provide them with technical assistance in implementing a hospital-based parenting skills program.

III. OUTCOMES

EDUCATIONAL PLACEMENTS

Return Schools

OREA obtained placement information for 251 parents (out of 329 parents in the sample), and determined that 70 percent of these parents were enrolled in some type of educational setting during the program year. Parents who were not enrolled were either on a waiting list, expecting to enroll in fall 1992, or did not wish to enter a program until settling other issues in their lives.

Table 5 provides information supplied by the case managers on the number of parents placed in programs, according to the type of program. As can be seen in the table, more Return parents were placed in G.E.D. programs than other types of programs, followed by placement in ABE and E.S.L. classes. Vocational training or job placement (often with a training component) accounted for 28 percent of the parents placed. Case managers also placed a sizeable group of Return participants in high schools reflecting the preference of a young group of participants (N=29, 5 percent).*

Case managers also supplied figures on the number of parents (379) who were unable to enroll in a program because of a lack of

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*OREA calculated the average length of time between the intake of the parent and the date of the parent's enrollment in an educational program and determined that, on average, it took approximately two-and-one-half months to enroll a parent in an off-site program. Parents who were signed up for on-site programs at the time of intake were excluded from this calculation.

Table 5

Number and Percent of Return School Parents
Placed in Educational Programs and
on Waiting Lists, by Type of Program

	Parents Placed		Parents Wait-Listed	
Program	N	%	N	%
G.E.D.	176	28	97	26
ABE	124	20	125	33
Vocational Training	103	16	45	12
E.S.L.	104	17	48	13
Job Placement	78	12	45	12
High School	29	5	0	0
Literacy	16	3	19	5
Total Parents	630	100	379	100

- Thirty-three percent of the Return parents who enrolled in an educational program were preparing for a regular or equivalency high school diploma.
- More parents were placed on waiting lists for ABE programs than for any other type of educational program.

available openings. (As mentioned previously in this report, only three Return schools had on-site G.E.D., E.S.L., or ABE classes.) Table 5 shows that most wait-listed parents were waiting for openings in ABE and G.E.D. programs.

The Return objective concerning educational attainment stated that by June 30, 1992, at least 50 percent of program participants would have successfully completed the educational program for which they had been registered.* According to the information collected by OREA staff on the sample of enrolled Return school parents (N=121), 71 percent of the parents attending educational or vocational schools or programs either received a high school diploma or G.E.D. certificate (7 percent), were promoted to the next grade or higher level (19 percent), or maintained satisfactory progress on the same level (45 percent), thus meeting the objective. This figure should be interpreted cautiously, however, given that outcome information was only available on 121 parents (69 percent) out of the 175 who were enrolled in educational programs. Table 6 provides a more detailed breakdown summary on the outcome status of Return parents at the end of the 1992 program year.

Babygram Hospital Outreach

During the 1991-92 school year, over 1,500 Babygram teen clients requested a referral to an educational setting. As shown in Table 7, the majority of teens who sought referrals to

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*The criterion for successful completion was to maintain sufficient progress on a given level, be promoted to a higher level, or receive a high school diploma or G.E.D. certificate.

Table 6

Year-End Summary of Reported Outcomes for a Sample of Return Parents Enrolled in an Educational Program

	Parents	
Outcome of Parents as of June 30, 1992	N	%
Received High School Diploma or G.E.D. certificate	9	7
Promoted to Next or Higher Level or Grade	23	19
Remained on Same Level or Grade	54	45
Awaiting G.E.D Test Date	13	11
Secured Employment	11	9
Withdrew from Program	11	9
Total Parents	121	100

- Almost three-fourths (71 percent) of the parents who enrolled in an educational program and for whom data were available received their high school or equivalency diploma, were promoted to a higher level, or maintained satisfactory progress on the same level.

Table 7

Percent of Babygram Teens
Requesting Educational Referrals Who
Were Placed, by Program Type

Educational Program	Number Requesting Referrals	Number Placed in Program	Percent Placed*
P900 schools	442	219	50
Alternative High Schools	218	125	57
High Schools	266	169	64
G.E.D./ABE	438	186	42
Job Training	220	129	59
Total	1,584	828	52

*This percentage reflects the proportion of teens who enrolled in educational programs after referral.

- The majority (52 percent) of all teens who requested referrals to educational programs were placed.

educational programs were enrolled in some type of program with the assistance of case managers. This suggests that the program's objective of documenting the number of teen clients in need of educational placement, and the result of the case manager's efforts, was fulfilled. Teens were more likely to request referrals to P900 schools (N=442) and G.E.D./ABE classes (N=438) than to any other program. However, less than half of the teens actually enrolled in these particular programs. A higher proportion of teens (64 percent) enrolled in high schools than other programs. However, OREA evaluators also found that one-fourth of the teens in the sample maintained enrollment in their current school, often with the assistance and encouragement of the case managers.

OREA evaluators calculated that on average, it took 179 days or approximately six months for a teen who had previously dropped out of school or stopped attending to re-enroll in an educational program after the birth of her baby. This length of time is on top of the length of time a teen had been out of school before her baby's birth. This underscores the importance of assisting a teen in maintaining her attendance throughout her pregnancy and baby's birth so that she does not experience a lengthy disruption of her schooling.

OREA evaluators thought it useful to look more closely at the educational paths of the eight parenting teen interviewees attending school at the time of the interview. During their pregnancy, four of these eight teen mothers had attended P900

schools and four had attended regular high schools. After giving birth, of the mothers who had attended the P900 schools, one reentered the same 900 school after two months and utilized the LYFE daycare program or sometimes her mother for childcare, one teen mother entered a regular high school after a short interval and depended on her mother to provide daycare, and two teen mothers enrolled in a G.E.D. program in order to take advantage of the childcare available at a G.E.D. site. Of the mothers who maintained their high school enrollment during their pregnancy, all four reentered the same school after leaving for a short period of time around their baby's birth. These young mothers relied on their own mother or on neighbors to provide childcare while they were in school. While this sample of young mothers attending school is not random, it is interesting that none of these young mothers remained out of school for a long period of time before or after birth. Furthermore, this illustration reveals the reliance of teen mothers on their own mother to provide childcare in order to remain in or return to classes.

As can be seen in Table 8, case managers assisted over a quarter of the Babygram teens to return to school within two months after birth, and a full 63 percent within six months. This finding should be interpreted with caution, however, since OREA evaluators could obtain both placement information and approximate birth dates on only 61 teens in the sample.

A similar caveat exists in the interpretation of Table 9, which shows the status of Babygram teens at the end of the

Table 8

Length of Time Away From
From Education After Giving Birth

Number of Months	N	%
0 - 2	17	28
3 - 4	11	18
5 - 6	10	17
7 or more	23	37

- The majority of Babygram teens (63 percent) re-entered school or enrolled in an educational program within six months of giving birth.

Table 9

Year-End Summary of Reported Outcomes
For Babygram Teens

Status of Client as of June 30, 1992	Babygram Teens N	Babygram Teens %
Received High School Diploma or G.E.D. certificate	12	5
Promoted to Higher Level or Grade	59	26
Remained on Same Level or Grade	17	7
Awaiting G.E.D. Test Date	20	9
Secured Employment	3	1
Withdrew from Program	3	1
Expects to Enroll in Educational Program in Fall 1992	40	18
Teen Cannot be Placed or is on Waiting List	22	10
Teen Does Not Wish to Enroll in Educational Program	15	7
Other	35	16
Total Teens	225	100

- Over one-third (38 percent) of the Babygram teens for whom follow-up information was available received their high school degree or G.E.D. certificate, were promoted to a higher level or grade, or maintained satisfactory progress.

program year. Out of a sample of 760 teens, information on their end-of-year status was available for only 225 which underscores the difficulty of maintaining contact with these participants. Nevertheless, Table 9 indicates that over one-third of those teens either received their high school diploma or G.E.D. certificate (5 percent) or were promoted to a higher level or grade (26 percent) or maintained satisfactory progress on the same level or grade (7 percent).

DAYCARE REFERRALS AND PLACEMENTS

A major goal of Project Return was to locate available daycare services for Return parents and Babygram teens. As previously mentioned, most Return parents with young children utilized school-based daycare or pre-kindergarten programs. However, many parents had children too young for pre-kindergarten and needed childcare in order to attend workshops or on-going educational classes. Case managers often received requests from parents for assistance in locating daycare. Overall, Return case managers found daycare slots for six parents' children and placed children of 51 parents on waiting lists (information on the number of requests was unavailable), thus meeting the daycare objective of documenting available daycare services for infants and children and utilization by Return parents. While the overall number of daycare requests does not appear to be great, many of the parents OREA staff interviewed cited lack of childcare for their infant and toddler children as obstacles in attending workshops and/or classes.

Babygram case managers also met the daycare objective of documenting parenting teens in need of daycare services. Overall, case managers received 263 requests for daycare placement during the program year. Out of those requests, case managers were able to place infants of 88 teens in daycare. The highest number of daycare requests came from teens at Woodhull (69), followed by Mt. Sinai (52), Bellevue (49), and Queens (35). The number of requests for daycare services at the other sites ranged from 0 to 15 at each site.

More than one-half of the teen interviewees noted that their own mother or another relative was caring for or would care for the child. However, in some cases, the teens needed or preferred daycare on the educational site. Moreover, in general, the teens did not seem to have childcare options that would meet their needs in the long run.

PERCEPTIONS OF THE PROGRAM

OREA staff interviewed the Return school principals, case managers and, as mentioned previously, a sample of participants concerning their perceptions and recommendations for Project Return. In addition, OREA staff interviewed the social worker/supervisors, the case managers, and, as discussed previously, a sample of the pregnant/parenting teens in the Babygram Hospital Outreach program. This activity was in partial fulfillment of the Babygram goal that program administrators would construct a staff development plan. As part of this process, an effort would be made to solicit perceptions and

recommendations for improvement from case managers, patients, and hospital personnel.

Return Schools

Principals. OREA staff interviewed principals in six of the seven Return schools. The principals noted that the case managers experienced initial difficulties due to the resistance of many parents, the need of most parents for many services, and the failure of some parents to take advantage of services that do exist. However, all of the principals were enthusiastic about the impact of Project Return on their schools, describing it as "very successful," "having a major impact," and serving as "a major aid to families in need." Some of the principals suggested that the project would benefit from more on-site programs, several suggested that the case managers needed more resources (including a computer and a clerical assistant), and several thought that more outreach was desirable.

Case managers. In interviews with the OREA staff, the case managers also evaluated the Project Return program. Six of the seven case managers noted difficulties in achieving their goals. These difficulties included lack of services, waiting lists for daycare and G.E.D. and E.S.L. classes, and inability to reach the community and the parents. Several case managers expressed some frustration over relations with parent groups in the school or with the community school coordinator where parents were at a premium. In general, however, the case managers rated the

program highly for its success in reaching its goals, as Table 10 illustrates.

All of the case managers made suggestions for strengthening the program. These suggestions related primarily to recruitment and service or educational referrals, and included limiting the program to community schools which typically have more resources available for parents (as reflected in the choices of sites for 1992-93); increasing linkages with services, programs, and other Return schools; broadening the list of referral sources specific to their own community; hiring family assistants to make home visits; advertising in local newspapers and on radio; and training Project Return parents for project jobs.

Parents. The majority of the Return school parents were very enthusiastic about the program's success in helping them meet educational and social goals. As presented in Table 11, the majority of those who responded rated the program as highly successful or successful in helping them to meet educational, interpersonal, and parental objectives. The parents were somewhat less enthusiastic about Project Return's success in helping them to meet vocational goals. Yet even here, the majority of those who responded rated the program as highly successful or successful.

When asked what they liked most about the program, parents often spoke about interpersonal relationships, new friends, and the opportunity to share their feelings and problems. In addition, a number of the parents spoke about the opportunity to

Table 10

Return School Case Managers' Ratings of the Success of the Program

Aspect of the Program	Number of Case Managers Rating Aspect: Highly Successful	Moderately Successful	Not Successful	Don't Know
Facilitating students' progress toward graduation	2	3	0	2
Recruiting	3	4	0	0
Enrolling in Educational programs	4	3	0	0
Follow-up	3	4	0	0
Service Referrals	3	2	1	1

- Return school case managers rated recruiting, enrolling and follow-up as highly or moderately successful aspects of the program.

Table 11

Return School Parents' Ratings of the Success of the Program

Aspect of Program	Number of Parents Rating Aspect: Highly Successful	Successful	Not Successful
Helping parent return to school	21	9	3
Helping parent feel good about herself	26	10	5
Helping parent relate to child	26	11	3
Helping parent contact services	16	10	9
Helping child in school	18	16	3
Helping parent be involved in child's school	17	17	1
Helping parent return to work	8	6	12
Helping parent get job training	10	7	10
Helping parent improve relationships with others	18	15	4

- Return school parents indicated that the program was highly successful in helping them to feel good about themselves and helping to relate better to their children.
- Return school parents indicated that the program was less successful in helping them return to work and get job training.

learn, to be interested, to grow, and to use their time wisely. When asked what they did not like about the program or what they would change, the majority of the parents gave no reply or said that they liked the program as it was. Those few who proposed changes suggested that classes should be longer, more parents should be involved, and babysitting should be available during the parenting workshops.

Although stipulated in an objective, no formal test instrument to measure parents' gain in parenting skills was administered (because of the variation in parenting workshops conducted at Return schools). However, interviews with parents yielded qualitative results that suggest the objective was met. In response to the question concerning new ways to do things and be with your child, most parents stressed their increased ability to communicate with their children, their greater capacity for patience and understanding in dealing with their children, and their increase in the ability and motivation to assist their children academically.

Babygram Hospital Outreach

Social worker/supervisors. OREA staff interviewed one or more social worker/supervisors at each of the eight health-care sites. The supervisors perceived the difficulties of the case managers as including their own initial adjustment to the hospital environment, and the inadequacies of the social services available to the client. The major inadequacies cited by the supervisors were lack of affordable day care and of educational

programs with the flexible enrollment and scheduling needed by the pregnant/parenting clients. However, the supervisors were enthusiastic about the work of the case managers. They noted that they themselves often served the same clients as the case managers, but in a different way, without the focus on education. Without the educational case managers, many Babygram teens would be underserved as typically more immediate service needs would over-shadow returning to school. They suggested that the Babygram case manager "underscores the importance of education," "meets a need," "helps to put teens back in school," and "is an excellent role model." Several of the supervisors suggested program changes for the future. These included more extensive introduction to interviewing and recruiting skills and such professional issues as privacy and confidentiality; broadened educational referrals, with less emphasis on G.E.D. program referrals and more emphasis on referrals to high schools with flexible programming and LYFE daycare; broadened recruitment, including services for the young fathers; and increased on-site services, including a cultural enrichment program and parenting skills workshops.

Case managers. In interviews with OREA staff, the Babygram case managers responded to questions about the program. Six of the eight case managers perceived difficulties in accomplishing their goals. Some of these problems arose because of the clients' life situations, e.g., clients moved frequently and were therefore difficult to reach; undocumented clients gave incorrect

addresses and phone numbers; some mothers and boyfriends did not support the teens in going to school; some clients required day care or a stipend in order to attend school. Other problems arose because of the educational programs, e.g., the appropriate or desired program was full or required teens to travel long distances; access to a classroom was limited because of its location in buildings with no elevators; entrance to a school required an assessment test that the client could not pass; or a school had registration dates and deadlines that the client could not observe.

However, the case managers perceived the program as successful in reaching its goals. Six of the eight case managers rated the program as highly successful or moderately successful in facilitating student progress toward graduation, while two said that they did not know the program's level of success. Moreover, all of the case managers rated the program as highly successful or moderately successful in recruiting, enrolling, follow-up services, and service referrals. The case managers also suggested changes in the program. Several of these suggestions focused on recruitment--broader advertising, gifts or incentives for the pregnant/parenting teen, and recruitment of the fathers. Other suggestions focused on referrals--greater access to programs with stipends and daycare, and counseling or group sessions to help the girls to deal with emotional issues, domestic, or school-related problems.

Teens. The teens who were interviewed seemed to have a good relationship with the case manager and to feel that they had received considerable help from her/him. When asked who they turned to when they had something to discuss, approximately one-third of the teens (eight of 22) said that they could turn to the Babygram case manager. The majority of the teens (19 of 22) answered yes to the question, "Have you benefitted from the Babygram program?" The teens reported that the case manager had helped them to re-enter school, pushed them, cared for them, and listened to their problems. When asked for further comments, they noted that the case manager "is nice," "really helps me when I need it," and "does a lot for me." Few of the teens responded to the question "How could the case manager have helped you more?" Those few cited unmet needs for employment and for daycare.

IV. CONCLUSIONS AND RECOMMENDATIONS

The case managers at both the Return schools (Community Education Initiative sites) and the Babygram Hospital Outreach sites were successful in meeting their central goals--to identify parents or teens who had dropped out of school and to place the participants in educational settings. Seventy percent of OREA's sample of Return parents were enrolled in educational programs. Seventy-one percent of those for whom outcome data were available completed their program, or maintained satisfactory progress, and many of the Return parents were involved in the active program of workshops offered at the Return schools. Similarly, 52 percent of the sample of Babygram teens were placed in educational programs. More than one-third of those for whom outcome data were available received a diploma or certificate, were promoted to the next grade or level, or maintained satisfactory progress.

However, it was clear that the case managers were faced with many obstacles in accomplishing their goals. Both case managers and other personnel noted the lack of appropriate educational programs, and both groups noted the desirability of increasing the numbers of on-site programs--G.E.D. and ABE programs for the Return schools and counseling/parenting programs for the Babygram sites.

In addition, the case managers found it necessary to help the participants meet many other needs before focusing on their educational needs. The Return parents had multiple needs, and on average, case managers made two social service contacts for each

Return parent, particularly in the areas of housing and personal/family counseling. Many of the Babygram teens had dropped out of school before they became pregnant for a variety of reasons. In interviews, most of the teens said that they had received a number of social services for themselves and their babies, but some said that they still had unmet needs.

One of the major obstacles to an education for many Return parents and Babygram teens was lack of childcare. Most of the Return schools had pre-kindergarten programs, but only two of the Return schools had daycare or LYFE on site. Further, Babygram case managers were able to obtain daycare placements for only 88 (33 percent) of the 263 teens who requested such placements. Teens who used an alternate source of care typically depended on their own family. More than one-half of the 46 teen interviewees reported that a relative (most often their own mother) was presently caring for or would care for the child. However, such family help tends to be a short-term solution, not necessarily available for the many years necessary for a young teen to complete her education.

Another obstacle cited by both Return parents and Babygram teens was lack of finances. Parents cited the least successful aspects of the program as the lack of job training and help with job placement. Close to one-third of the Return parents had graduated from high school and many were interested in obtaining financial aid for higher education. Many of the interviewed

Babygrams teens noted that obtaining public assistance or securing employment was their most immediate need.

Working with such a needy population is a complex task, and some of the interviewed personnel recommended increased linkage with other agencies and services. Others recommended a more extensive formal program of training for the Babygram case managers, who, because of the complex issues surrounding teen participants, needed a wide range of skills in interviewing, counseling, and networking.

Obtaining placements for Project Return participants was not the end of the case managers' task. Once they had been placed, the Return parents and Babygram teens continued to need support for continuing their education. However, the case managers found it difficult to maintain long-term contact with the participants, since many moved or were unreachable for other reasons. The lack of outcome data underscores this problem. OREA staff found outcome data for only 57 percent of the Return school sample, and 30 percent of the Babygram sample. A more aggressive follow-up is crucial, not only for evaluation purposes, but for continuing service to the Project Return participants.

The OREA staff recommends the following:

- Project Return should plan for more aggressive follow-up of clients to facilitate both evaluation and continuing service. For example, initially, clients could be asked to supply the names of several relatives or significant others; subsequently, clients could be offered incentives to maintain contact with the program.

- Project Return should try to increase the numbers of on-site educational programs, including G.E.D./ABE and daycare in Return schools and counseling/parenting workshops at Babygram sites.

- Project Return should maintain its successful focus on placing clients in educational settings, but at the same time expand access to vocational/occupational programs or higher education programs exploring sources of financial aid to help clients meet both educational and financial needs.

- Project Return should consider offering services to boyfriends and mothers of Babygram participants, since these people are often important influences in the teen mother's life, as well as important sources of childcare.

- Project Return should expand its program of formal training for Babygram case managers to enable them to meet the many and complex needs of their clients.

- Project Return is a multi-faceted program. In future years, Project Return should make an effort to determine which elements of the program are particularly effective or important to the teens/parents.